

SERFF Tracking Number:	DDAR-127687902	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	49948
Company Tracking Number:	DDAR-GL-SOB-12A		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	DDAR-GL-SOB-12a		
Project Name/Number:	DDAR-GL-SOB-12a /		

## Filing at a Glance

Company: Delta Dental of Arkansas  
 Product Name: DDAR-GL-SOB-12a  
 TOI: H10G Group Health - Dental  
 Sub-TOI: H10G.000 Health - Dental  
 Filing Type: Form

SERFF Tr Num: DDAR-127687902 State: Arkansas  
 SERFF Status: Closed-Approved State Tr Num: 49948  
 Co Tr Num: DDAR-GL-SOB-12A State Status: FEES PAID  
 Reviewer(s): Donna Lambert  
 Author: Sara Farris Disposition Date: 10/06/2011  
 Date Submitted: 10/05/2011 Disposition Status: Approved  
 Implementation Date: 11/07/2011

Implementation Date Requested:  
 State Filing Description:

## General Information

Project Name: DDAR-GL-SOB-12a  
 Project Number:  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type:  
 Filing Status Changed: 10/06/2011  
 State Status Changed: 10/05/2011  
 Created By: Sara Farris  
 Corresponding Filing Tracking Number:  
 Filing Description:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type:  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Sara Farris

This is the second Schedule of Benefits I am filing for our new large risk group. This Schedule of Benefits applies to the enrollees under our PPO network plan.

## Company and Contact

### Filing Contact Information

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

### Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:

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<i>Project Name/Number:</i>	<i>DDAR-GL-SOB-12a /</i>		
Sherwood, AR 72120	Group Name:	State ID Number:	
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140		
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	10/05/2011	52478260

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/06/2011	10/06/2011

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## **Disposition**

Disposition Date: 10/06/2011

Implementation Date: 11/07/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	No
<b>Supporting Document</b>	Application	Approved	No
<b>Form</b>	DDAR-GL-SOB-12a	Approved	No

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/06/2011	DDAR-GL-SOB-12a	Schedule Pages	DDAR-GL-SOB-12a	Initial		0.000	DDAR-GL-SOB-12a.pdf

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## Delta Dental PPO

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### Schedule of Benefits for Golden Living

**Original Effective Date:** January 1, 2012 12:01 a.m. Central Standard Time,

**Group Number:** 9616

**Annual Deductible:** In network \$35 and Out of Network \$50 for benefits received in

- Coverage A – out of network only
- Coverage B
- Coverage C

With a maximum of \$70 per family per benefit period in network and \$150 per family per benefit period out of network.

**Annual Maximum Payment:**

- **PPO In Network:** \$1,500 per person per benefit period.
- **Out of Network:** \$1,000 per person per benefit period.

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

#### Coverages and Maximum Plan Allowances (MPA)

**Coverage A – Diagnostic and Preventative Services**

**In Network 100% MPA**  
**Out Of Network 70% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Problem focused/emergency examinations not more than two (2) in any benefit period.
- Bitewing x-rays limited to one set of four (4) films in any benefit period
- Vertical bitewing x-rays limited to one set every three (3) years.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
- Topical application of fluoride one (1) per benefit period for dependent children to age sixteen (16).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age sixteen (16).
- Space maintainers for prematurely lost teeth of eligible dependent children to age fifteen (15).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

**Coverage B – Basic Restorative Services****PPO In Network 80% MPA  
Out Of Network 50% MPA**

- Periapical x-rays (single films up to 13).
- Other x-rays (intra-oral and extra-oral).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Amalgam (silver) and composite filling restorations. Composite fillings are not a covered benefit on molars but will be given the allowance of an amalgam restoration.
- Simple extractions.
- Brush biopsy.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
- Non-surgical periodontics allowed once in a twenty four (24) month period.
- Surgical periodontics (gingivectomy and gingival flap procedures) allowed once in a thirty six (36) month period.
- Periodontal maintenance; limited to two (2) per benefit period following active periodontal treatment.
- Occlusal adjustment (other than with an appliance or restoration.)
- Endodontics, including pulpal therapy but excluding root canal therapy for molars.
- Office visit after hours as long as no other covered definitive work is performed.
- Stainless steel crowns used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
- Recement of inlays, crowns and bridges except when recementation occurs within six (6) consecutive months of the seating date. If recementation occurs within six (6) months of the seating date, it is considered part of the original procedure.

**Coverage C – Major Restorative Services****PPO In Network 50% MPA  
Out Of Network 40%MPA**

- Occlusal guard one (1) in thirty six (36) month period.
- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations, allowed once in a ninety six (96) month period. High noble crowns are not a benefit and will be given the allowance of the noble metal procedure. The benefit for porcelain/ceramic for composite/resin inlays, onlays, crowns, bridge abutments, and bridge pontics on molar teeth is to be based on the amount payable for the corresponding cast metal procedure.
- Endodontics, root canal therapy for molars.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete denture, allowed once in a ninety six (96) month period.
- Repair of fixed bridges, allowed only after six (6) months of initial placement.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, allowed only after six (6) months of initial placement.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance, allowed only after six (6) months of initial placement.
- Denture adjustments , allowed only after six (6) months of initial placement.
- Repairs for removable partials and dentures, allowed only after six (6) months of initial placement.
- Surgical periodontics (osseous surgery and soft tissue grafts), allowed once in a thirty six (36) month period.
- General anesthesia and intravenous sedation.

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- Removal of impacted teeth (partially and completely bony).

#### **Rider(s)**

**Child Orthodontic Rider – Orthodontic services**  
**Lifetime Maximum Payment : \$1,250**

**PPO In Network 50%MPA**  
**Out Of Network 0% MPA**

**Adult Orthodontic Rider – Orthodontic services**  
**Lifetime Maximum Payment : \$1,250**

**PPO In Network 50%MPA**  
**Out Of Network 0% MPA**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

#### **Carry Over Benefit Rider**

Carry over benefit: **\$375**

Claims threshold: **\$749**

Carry over benefit maximum: **\$1,500**

***Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.***

***Delta Dental's network of participating providers may be found on our website at [www.deltadentalar.com](http://www.deltadentalar.com).***

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved	10/06/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved	10/06/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			